



Global Volunteers  
375 East Little Canada Rd  
St. Paul, MN 55117

Global Volunteers:

Enclosed are the original and one copy of the 2021 Exempt  
Organization returns, as follows...

2021 Form 990

Form 114, Report of Foreign Bank and Financial Accounts

2021 Minnesota Annual Report

Each original should be dated, signed and filed in accordance  
with the filing instructions. The copy should be retained  
for your files.

Sincerely,

Abdo LLP

*Edina Office*

5201 Eden Avenue, Ste 250  
Edina, MN 55436  
P 952.835.9090  
F 952.835.3261

*Mankato Office*

100 Warren Street, Ste 600  
Mankato, MN 56001  
P 507.625.2727  
F 507.388.9139

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
September 30, 2022

Prepared for	Global Volunteers 375 East Little Canada Rd St. Paul, MN 55117
Prepared by	Abdo LLP 5201 Eden Ave Ste 250 Edina, MN 55436
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by August 15, 2023.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015	<b>Record of Authorization to Electronically File FBARs</b>  (See instructions below for completion)  <u>Do not send to FinCEN. Retain this form for your records.</u>  The form 114a may be digitally signed	<b>GLOBALV20210001</b>
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name <b>GLOBAL VOLUNTEERS</b>	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 7 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, **2021** to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)  <b>* THIS IS NOT A FILEABLE COPY *</b>	8. Date MM DD YYYY	9. Owner or entity TIN <b>363352680</b>	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name <b>ANSETHCPA</b>	16. Preparer first name <b>STEVEN</b>	17. Preparer M.I. <b>D</b>	18. Preparer PTIN <b>P00552219</b>
19. Address <b>5201 EDEN AVE STE 250</b>	20. City <b>EDINA</b>	21. State <b>MN</b>	22. ZIP/postal code <b>55436</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>ABDO LLP</b>	25. Employer EIN <b>41-1397419</b>	26. Preparer's signature

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

2021

Department of the Treasury  
Internal Revenue ServiceDo not send to the IRS. Keep for your records.  
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Global Volunteers

EIN or SSN

36-3352680

Name and title of officer or person subject to tax  
Burnham Philbrook, JD  
President and CEO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 3,576,784.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize Abdo LLP

ERO firm name

to enter my PIN 71074

Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date August 18, 2023

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41321600062

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 05/19/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

**BSA E-Filing - Report of  
Foreign Bank and Financial  
Accounts (FBAR)**

FinCEN Form 114

GLOBALV20210001

Filing Name GLOBAL VOLUNTEERS

Submission Type NEW

PIN NOT REQUIRED

Check here ☒ if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 is available.

This report filed late for the following reason (Check only one):

- a. ☐ Forgot to file
- b. ☐ Did not know that I had to file
- c. ☐ Thought account balance was below reporting threshold
- d. ☐ Did not know that my account qualified as foreign
- e. ☐ Account statement not received in time
- f. ☐ Account statement lost (Replacement requested)
- g. ☒ Late receiving missing required account information
- h. ☐ Unable to obtain joint spouse signature in time
- i. ☐ Unable to access BSA E-filing system
- z. ☐ Other (please provide explanation below)



# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar  
year ended 12/31

2021

Amended ☐**Part I** Filer information GLOBALV20210001

2 Type of filer

a ☐ Individual b ☐ Partnership c ☒ Corporation d ☐ Consolidated e ☐ Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>363352680</b> <u>If filer has no U.S. Identification number complete item 4</u>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name <b>GLOBAL VOLUNTEERS</b>	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**375 EAST LITTLE CANADA RD**

10 City <b>ST. PAUL</b>	11 State <b>MN</b>	12 ZIP/Postal Code <b>55117</b>	13 Country <b>USA</b>
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14 a) Does the filer have a financial interest in 25 or more financial accounts?

Yes ☐ Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.No ☒

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes ☐ Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.No ☒**Part II** Information on financial account(s) owned separately

15 Maximum value of account during calendar year	15a Amount unknown <input checked="" type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of financial institution in which account is held

**BANK OF CHINA**

18 Account number or other designation <b>102069672448</b>	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>88 WEST SECTOR</b>		
20 City <b>SOUTH ER HUAN</b>	21 State, if known	22 Foreign postal code, if known	23 Country <b>CHINA</b>

**Signature** 44a Check here ☒ if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature The report will be electronically signed when filed	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) This date will auto-fill when the FBAR is electronically signed
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<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>ANSETHCPA</b>	48 First name <b>STEVEN</b>	49 MI <b>D</b>	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P00552219</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. <b>952.835.9090</b>	52a Ext.	53 Firm's name <b>ABDO LLP</b>		54 Firm's TIN <b>41-1397419</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) <b>5201 EDEN AVE STE 250</b>		56 City <b>EDINA</b>		57 State <b>MN</b>	58 ZIP/Postal Code <b>55436</b>

59 Country  
**US**

<b>Part II Continued - Information on Financial Account(s) Owned Separately</b> <b>Complete a Separate Block for Each Account Owned Separately</b>	<b>FORM 114</b>
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<b>1</b> Filing for calendar year  <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;">2021</div>	<b>3-4</b> Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;">363352680</div>	<b>6</b> Last Name or Organization Name  <div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;">GLOBAL VOLUNTEERS</div>
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input checked="" type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">WESTPAC</div>
--

<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">14400770100</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">PO BOX 42</div>		
<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">AVARUA</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">COOK ISLANDS</div>

<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input checked="" type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">1ST NATIONAL BANK OF ST. LUCIA</div>
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<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">576070</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">MARINA VILLAGE, MARIGOT BAY</div>		
<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">CASTRIES</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">SAINT LUCIA</div>

<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input checked="" type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">CRDB BANK LIMITED</div>
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<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">02J2070597800</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">BOX 2275</div>		
<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">IRINGA</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">TANZANIA, UNITED REP</div>

<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input checked="" type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">CRDB BANK LIMITED</div>
--

<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">0252070597800</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">BOX 2275</div>		
<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">IRINGA</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">TANZANIA, UNITED REP</div>

<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input checked="" type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">CRDB BANK LIMITED</div>
--

<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">015C435771400</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">BOX 168</div>		
<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">IRINGA</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">TANZANIA, UNITED REP</div>

<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input checked="" type="checkbox"/>	<b>16</b> Type of account   a <input checked="" type="checkbox"/> Bank   b <input type="checkbox"/> Securities   c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">EXIM BANK</div>
--

<b>18</b> Account number or other designation <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">170011125</div>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">PO BOX 511</div>		
<b>20</b> City <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">IRINGA</div>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country <div style="border-bottom: 1px solid black; width: 100%; margin: 0;">TANZANIA, UNITED REP</div>

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Global Volunteers</b>	Taxpayer identification number (TIN) <b>36-3352680</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>375 East Little Canada Rd</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>St. Paul, MN 55117</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**Jake Philbrook**

- The books are in the care of ► **375 E Little Canada Road - St. Paul, MN 55117**

Telephone No. ► **651-407-6113**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **August 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**Open to Public  
Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

Global Volunteers

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

375 East Little Canada Rd

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

St. Paul, MN 55117

**F** Name and address of principal officer: **Burnham Philbrook, JD**  
same as C above**D** Employer identification number

36-3352680

**E** Telephone number

800-487-1074

**G** Gross receipts \$ **3,576,784.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ [www.globalvolunteers.org](http://www.globalvolunteers.org)**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1984** **M** State of legal domicile: **MN****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To encourage and enable volunteers to spend short periods of time working with and learning</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>12</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>29</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>792</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>1,579,657.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>0.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,429.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,576,784.</b>
	<b>Expenses</b>	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,066,233.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>247,499.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>790,094.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,856,327.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>-276,670.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>705,356.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>533,740.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>171,616.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>Burnham Philbrook, JD, President and CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Steven D. Anseth, CPA</b>	Preparer's signature <b>Steven D. Anseth, CPA</b>	Date <b>05/19/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00552219</b>
	Firm's name ▶ <b>Abdo LLP</b>	Firm's EIN ▶ <b>41-1397419</b>			
	Firm's address ▶ <b>5201 Eden Ave Ste 250 Edina, MN 55436</b>	Phone no. <b>952.835.9090</b>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

To encourage and enable volunteers to spend short periods of time working with and learning from and about local people in communities throughout the world

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 2,462,028. including grants of \$ ) (Revenue \$ )

Below data are not exhaustive, but provide highlights of Global Volunteers service accomplishments in various countries during FY22. United Nations Sustainable Development Goals:

Goal: End hunger, achieve food security and improved nutrition and promote sustainable agriculture:

- Provided nutritional care to children in Peru along with conducting educational workshops to 30 families. We also provided weekly home visits to 30 families in Peru and provided psychosocial care, pre and post-natal education, as well as nutrition and health education.

- We also provided two nutritious meals a day to 2400 school children and 460 households with a pregnant woman or a child under 30 months and parents in the Ukwega Ward, Tanzania.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2,462,028.**Form **990** (2021)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

☒

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 29		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶ See Schedule O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>		
If "Yes," complete Form 6069.			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		12		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?				X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **Jake Philbrook - 651-407-6113**  
**375 E Little Canada Road, St. Paul, MN 55117**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Burnham Philbrook, JD President, CEO	40.00	X		X				99,752.	0.	0.
(2) Michele Gran Vice President	40.00	X		X				74,418.	0.	7,115.
(3) Andrew Philbrook, JD Secretary	40.00	X		X				67,187.	0.	5,415.
(4) Sue Laxdal Trustee, Director	40.00	X		X				0.	0.	0.
(5) Sam Hanson Trustee	5.00	X						0.	0.	0.
(6) Todd Lefko Trustee	5.00	X						0.	0.	0.
(7) Pamela Griffin Director	5.00	X						0.	0.	0.
(8) Keith Kresge Director	5.00	X						0.	0.	0.
(9) Melinda Lull Director	5.00	X						0.	0.	0.
(10) Barbara Morris Director	5.00	X						0.	0.	0.
(11) Deborah Pollard Director	5.00	X						0.	0.	0.
(12) John Taylor Director	5.00	X						0.	0.	0.
(13) Stefanie Johnson Director	5.00	X						0.	0.	0.
(14) Mike Moorman Director	5.00	X						0.	0.	0.
(15) Gail Kulick Director	5.00	X						0.	0.	0.



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,575,355.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 25.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		3,575,355.			
<b>Program Service Revenue</b>	<b>2 a</b>	.....	<b>Business Code</b>				
	<b>b</b>	.....					
	<b>c</b>	.....					
	<b>d</b>	.....					
	<b>e</b>	.....					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....				
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	(ii) Personal			
<b>b</b>		Less: rental expenses .....					
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
<b>b</b>		Less: cost or other basis and sales expenses .....					
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....					
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	Miscellaneous income .....	<b>Business Code</b>	900099	1,429.		1,429.
	<b>b</b>	.....					
	<b>c</b>	.....					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		1,429.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		3,576,784.	0.	0.	1,429.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	313,761.	235,321.	34,514.	43,926.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	868,096.	653,743.	93,322.	121,031.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	78,515.	58,516.	10,566.	9,433.
<b>10</b> Payroll taxes	88,692.	63,693.	10,428.	14,571.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	31,175.	3,356.	27,209.	610.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	100,694.	100,694.		
<b>13</b> Office expenses	6,396.	3,320.	2,272.	804.
<b>14</b> Information technology	79,724.	63,779.	7,973.	7,972.
<b>15</b> Royalties				
<b>16</b> Occupancy	66,114.	34,313.	23,471.	8,330.
<b>17</b> Travel	12,429.	9,322.		3,107.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,833.	3,833.		
<b>20</b> Interest	15,959.	13,565.	1,117.	1,277.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	26,731.	26,731.		
<b>23</b> Insurance	65,493.	49,774.	12,445.	3,274.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a Service Projects</b>	1,060,915.	1,060,915.		
<b>b Credit card and bank fe</b>	43,262.	29,888.		13,374.
<b>c Fundraising</b>	17,347.			17,347.
<b>d</b>				
<b>e All other expenses</b>	57,197.	51,265.	3,489.	2,443.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,936,333.	2,462,028.	226,806.	247,499.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	43,596.	<b>2</b>	154,639.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	455,816.
	<b>4</b> Accounts receivable, net .....	439.	<b>4</b>	35,254.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	25,164.	<b>8</b>	14,128.
	<b>9</b> Prepaid expenses and deferred charges .....	60,529.	<b>9</b>	59,145.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 991,819.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 354,802.		
		575,628.	<b>10c</b>	637,017.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	705,356.	<b>16</b>	1,355,999.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	39,815.	<b>17</b>	62,207.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	493,925.	<b>24</b>	481,725.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	533,740.	<b>26</b>	543,932.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,223.	<b>27</b>	296,807.
	<b>28</b> Net assets with donor restrictions .....	170,393.	<b>28</b>	515,260.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	171,616.	<b>32</b>	812,067.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	705,356.	<b>33</b>	1,355,999.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,576,784.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,936,333.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	640,451.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	171,616.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	812,067.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Global Volunteers

Employer identification number

36-3352680

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2239594.	2809776.	1564114.	1579657.	3575355.	11768496.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2239594.	2809776.	1564114.	1579657.	3575355.	11768496.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						11768496.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	2239594.	2809776.	1564114.	1579657.	3575355.	11768496.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				1,917.	1,429.	3,346.
<b>11 Total support.</b> Add lines 7 through 10						11771842.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.97 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	95.58 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2021

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

  

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

Global Volunteers

Employer identification number

36-3352680

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
Global Volunteers	36-3352680

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rise Against Hunger 4801 Glenwood Ave Suite 200 Raleigh, NC 27612	\$ 109,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Peter J King Foundation 701 Xenia Avenue South, Suite 130 Golden Valley, MN 55416	\$ 144,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TOF - Thomas Ohana Foundation 515 Amphitheatre Drive Del Mar, CA 92014	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

36-3352680

## Part II

[illegible]

Name of organization	Employer identification number
<b>Global Volunteers</b>	<b>36-3352680</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Global Volunteers

Employer identification number

36-3352680

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ %

**c** Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		718,106.	95,903.	622,203.
<b>c</b> Leasehold improvements		116,474.	103,296.	13,178.
<b>d</b> Equipment		157,239.	155,603.	1,636.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				637,017.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☐

Schedule D (Form 990) 2021

<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</b>
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>3,576,784.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>3,576,784.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>3,576,784.</b>

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>2,936,333.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>2,936,333.</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>2,936,333.</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Global Volunteers

Employer identification number

36-3352680

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☒ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Europe	10	2	Program services	Volunteers teach conversational English to elementary, high school, and summer	16,885.
South America	3	2	Program services	Volunteers work at a large orphanage on a variety of projects including, light labor,	20,501.
Sub-Saharan Africa	5	39	Program services	Volunteers help parents and community members deliver the 12 Essential Services prescribed by	195,393.
<b>3 a Subtotal</b> .....	18	43			232,779.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	18	43			232,779.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

See Part V for Column (e) descriptions

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Program service	0.		51,214.	Field trip tickets, activities with Refugees, bottled	
		South America	Program service	0.		13,003.	Measurement equipment, replace water system, gas line	FMV
		Sub-Saharan Africa	Program service	0.		251,333.	Materials and supplies to support the Reaching	FMV
		Central America and the Carribean	Program services	0.		3,119.	Sewing machines, wood screws, project transportation,	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

See Part V for Column (h) descriptions

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2021



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**Part I, Line 3, Column (e):****Region: Europe**

(e) Specific Types of Services in Region: Volunteers teach conversational English to elementary, high school, and summer school settings. Volunteers provide Ukrainian refugee families relief and psychosocial support. Volunteers engage with school-age Ukrainian and Polish children during summer camps.

**Region: South America**

(e) Specific Types of Services in Region: Volunteers work at a large orphanage on a variety of projects including, light labor, assisting with day care, teaching english and other subjects, providing medical services such as check ups, dental care, etc.

**Region: Sub-Saharan Africa**

(e) Specific Types of Services in Region: Volunteers help parents and community members deliver the 12 Essential Services prescribed by UN agencies so that child stunting can be eliminated and all children can reach their full potential. Volunteer professionals conduct interactive workshops with pregnant women, parents of children two years and younger and women of childbearing age, accompany the RCP Caregivers on their weekly home visits, demonstrate proper hand washing with soap and water, help assemble household hand washing stations so parents can ensure they and their children have access to appropriate hygiene, assist with early childhood education for three to six-year-olds to help them get ready for primary and secondary school, teach/tutor English, math, science, and health at the primary school, teach/ tutor secondary school students in

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

English, math, biology, chemistry, physics, and physical geography and help repair classrooms. Volunteers with medical background assist 6 medical staff at the Ipalamwa General Clini

Part II, Column (h):

Region: St Lucia

(h) Description of Non-cash Assistance: 6 sewing machines, wood/screws for cupboards, project transportation, summer school lunches

Region: Italy

(h) Description of Non-cash Assistance: Intex Rectangular Pool/filter, gouache brush set, volleyballs, modeling clay, basketballs, soccer balls, materials for the summer came; twine, aluminum trays, toothpicks, plastic plates, a4 sheets and billboards, watercolor markers, pool covers, fans, water balloons, washable gouache bottle, dry erase markers, colored chalk, etc.

Region: Europe

(h) Description of Non-cash Assistance: Field trip tickets, activities with Refugees, bottled waters, transportation, breakfasts/lunches/dinners for refugees, painters paint for refugee house, toilet seats for refugee house, lemonade, juice, handles for cabinets, chests of drawers, shampoo and shower gels, project transportation to schools, refugee transport, tools for cleaning and painting bathrooms, brushes and drill, water park tickets, tickets for field trips, bowling and pizza for refugees, tickets for copernicus science center, printing of diplomas, popcorn/snacks, trampolines park, play room for refugee children, school backpacks for

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

refugee children, toner for printer, colorful papers, stapler for  
Reymontowka, folders for students at English summer camp, balloons for  
camp, tickets for Centrum Nauki Kopemik Museum, train tickets, adapters  
for refugee laptops, screws for bathroom locks, paper for copier, name  
holders, computer for the resource room at Reymontowka, Crape Paper for  
art, toner for copier, flipchart paper fo

Region: South America

(h) Description of Non-cash Assistance: Measurement equipment, replace  
water system, gas line configuration, building & assembling three entry  
doors, taxi transport for caregiver, RCP Phone replacement, soil,  
brushes, paint, ladders, roller brushes, varnish, thinner, trainings

Region: Sub-Saharan Africa

(h) Description of Non-cash Assistance: Materials and supplies to  
support the Reaching Children's Potential Program as a whole. Including  
materials and supplies for workshops for mothers and families, home  
visits, fuel-efficient stoves, chicken coops, chickens, handwashing  
stations, schools, conversational english camps, container gardens;  
medicines, medical equipment and supplies for the health clinic. Also  
transportation to and from project sites, scholarships for medical  
school students, porridge and sugar for families, micronutrients for  
families, as well as shipment of containers of nutritious meals for  
families and schoolchildren donated by a partner organization

Region: Central America and the Carribean

(h) Description of Non-cash Assistance: Sewing machines, wood screws,

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

project transportation, school lunches, and English and VBS supplies

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization

Global Volunteers

Employer identification number

36-3352680

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Global Volunteers

Employer identification number  
36-3352680

Form 990, Part I, Line 1, Description of Organization Mission:

from and about local people in communities throughout the world.

Form 990, Part III, Line 3, Changes in Program Services:

Due to COVID restrictions, Global Volunteers suspended all service programs after 3/15/2020 through 5/30/2021. As countries/partners have decided to re-open at varying times, some of our service programs are still suspended.

Form 990, Part III, Line 4a, Program Service Accomplishments:

- Provided nutritional and health education training to more than 400 mothers.
- Introduced and facilitated the growth of container garden technology to developing communities.
- Provided container garden supplies.
- Taught parents, students and school staff about nutrition, healthy eating habits and the value of different foods to improve the health of micronutrient-deficient children.
- Demonstrated effective food preparation and cooking methods.
- Taught nutritional values to improve the health of micronutrient-deficient children.
- Installed new fuel-efficient vented stoves in 100 households to limit smoke inhalation and reduce wood consumption.
- Installed 100 new chicken coops so that families could raise their own chickens for eggs and meat for protein.

Name of the organization	Employer identification number
Global Volunteers	36-3352680

Goal: Ensure healthy lives and promote well-being for all at all ages:

- We hosted more than 40 pregnant women at the RCP guest house and House for New Moms throughout the year. The purpose of this was to ensure that the women had a safe place to stay in the weeks before their delivery date. In addition, we wanted to ensure they were close to the Ipalamwa General Clinic so they would not have to traverse dangerous road conditions in the moments leading up to their delivery. When COVID 19 prevented volunteers from traveling to Tanzania, we managed to conduct workshops virtually, having subject matter experts present from the US and parents participate in real-time at Global Volunteers RCP center.

- Provided \$ 50,324.10 in donated salaries of medical staff at the clinic.

- Provided \$ 138,020.36 for childcare worker and RCP program management salaries

- Provided 480 hours of childcare to 350 impoverished children.

- In the face of the COVID-19 threat, we scaled our efforts to improve handwashing and hygiene in every village we serve in Tanzania to ensure all 780 families we served had household handwashing stations consisting of a five-liter water container, PVC piping, rope, and bar soap in cheese cloth. We also conducted informational campaigns and workshops on the importance of handwashing with soap and water in the communities we serve on an ongoing basis.

- Demonstrated the scientific evidence that washing hands with soap is a successful and cost-effective health intervention.

- Explained germ theory of disease to facilitate a better understanding of how to prevent infectious disease;



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- In response to COVID-19 pandemic, Global Volunteers conducted a campaign to inform families enrolled in the Reaching Children's Potential (RCP) Program in Tanzania how to optimize their protection against COVID-19. The campaign included one-on-one meetings, socially distanced workshops, coordination with district government programs, and announcements by loudspeaker in the five villages of the Ward.

Our RCP caregivers also used flip charts to illustrate preventative measures, COVID-19 symptoms, interventions, and how to obtain care with RCP families during regular one-on-one home visits. At these meetings, staff demonstrated and reinforced mask wearing, proper hand washing with soap and water, and social distancing. Staff also supplied families with liquid soap and masks produced by the RCP women co-ops.

- Taught secondary school students about HIV/AIDS and STDs prevention,

- Distributed Days-for-Girls menstrual kits.

- Assisted local health clinics with:

Diabetes prevention,

Physical exams

Deliveries

Pre and post-natal exams

Goal: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- Presented 11095 hours of English instruction to 16000 students

- Supported parental and community involvement in local schools.

- Discouraged all forms of physical punishment.

Name of the organization

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Other Accomplishments:

Continued and expanded the Reaching Children's Potential (RCP) Demonstration Program in Tanzania (launched in July, 2017) reaching over 700 families participating in the program. RCP is a child-focused, parent-driven, family-centered, and community-led comprehensive approach, dramatically improving child and maternal health. The program begins with pregnancy, continues through the 18th birthday and emphasizes the first 1000 days. The objectives are (a) to eliminate stunting in rural Tanzanian villages by ensuring that pregnant women and their children have sufficient food, nutrition, and protection from infectious disease, and (b) to ensure quality education for all children. The RCP program is based on 12 Essential Services extracted from the United Nations' "The Essential Package".

The World Health Organization (WHO) estimates 24% of all children worldwide under the age of five are stunted. If stunting persists beyond the second birthday, it cannot be cured, but it is preventable. When children are not stunted and are educated, they can become fully contributing members of society. Research confirms that Global Volunteers' RCP Program is successful. In the initial Tanzania villages served, data analysis shows that stunting decreased from 37% to 30% in children enrolled in the RCP Program for 18 months.

As part of the RCP Program, we also continued to provide services at the clinic (focused on maternal and child health care) serving over 9,500 people from Ukwega, Mlafu and Kising'a Wards, Kilolo District. This health clinic has a state-of-the-art medical equipment, including an incubator, birthing table, ultrasound, oral surgery chair, LED surgery lights, infant warmer, fetal monitor, stainless steel sinks and cabinets, defibrillator, autoclave, 4 examination tables, 4 hospital

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beds, crash cart, a wide array of medicines and supplies, and more.

It is staffed by two doctors, two nurses, a lab technologist and a

pharmacist. The total number of patients from October 1, 2021 to

September 30, 2022 was 5199 . Total number of deliveries was 69.

The Tanzania RCP Demonstration Program is a partnership between the

ELCT-IRD and Global Volunteers, in collaboration with the Iringa

regional government and local village leaders. The RCP demonstration

program is intended to show that short-term volunteers, when working

under the direction of local leaders and hand-in-hand with local

people, offer vital resources necessary for children to reach their

full potential.

Global Volunteers' Reaching Children's Potential (RCP) Program

initiated four new women's entrepreneurial co-ops in 2020. The five

co-ops learned how to make masks and produce liquid soap in response to

the Covid-19 pandemic. The co-op produced masks and liquid soap

contributed to the availability of these items in the five villages of

the Ukwega ward, Tanzania

Other Material Donations:

Provided numerous material donations, as well as funds for the purchase

of goods locally, in support of community development goals. Such

donations included:

Medical equipment and medications;

Baby care products for daycare center and health clinic

Toys for children;

School supplies for students

Blankets for newborns

Clothes for children

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Provided relief and psychosocial support to Ukrainian refugees:

37 mothers & grandmothers, and their children attended restorative evenings.

70 dinners enjoyed by Ukrainian families alongside American volunteers

8 weeks of free summer camps conducted for Ukrainian and Polish children

207 youth campers enjoyed wonderful experiences

75 fun-filled activities and field trips including the Warsaw Zoo

300 hygiene kits distributed

1,100 free lunches provided for children

8 Ukrainian families living in volunteer-renovated housing

6 Ukrainian translators employed

5 rural townships hosting Ukrainian refugees served

1 Ukrainian woman hired as a full-time permanent Global Volunteers staff person

Form 990, Part V, Line 4b, List of Foreign Countries:

China, Cook Islands, St. Lucia Island, Tanzania

Form 990, Part VI, Section A, line 2:

The organization's president Burnham Philbrook and the organization's senior vice president, Michele Gran, have a family relationship. The organization's secretary, Andrew Philbrook and the organization's director of business operations, Jake Philbrook are the sons of Burnham Philbrook and Michele Gran

Name of the organization

Global Volunteers

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Form 990, Part VI, Section A, line 6:

The organization has five stakeholders, all of whom are trustees

Form 990, Part VI, Section A, line 7a:

There are five stakeholders, each of whom has the right to cumulate his or her vote in the election of directors and pursuant to the provisions contained in Minnesota Statutes Section 317A.215 and according to the process defined in the Minnesota Statutes Section 302A.215. However, the consistent approach over the past nearly 20 years has been to elect directors by unanimous consent of all the stakeholders.

Form 990, Part VI, Section A, line 8b:

Committees are advisory to the board of directors and any committee recommended action adopted by the governing body are documented in the minutes of the governing body.

Form 990, Part VI, Section B, line 11b:

Form 990 will be reviewed by the Finance Committee and submitted to the board of directors for review and approval.

Form 990, Part VI, Section B, Line 12c:

We employ the honor system where Officers, Directors and Trustees are required to disclose. However given the size of the organization it is unlikely that someone would have a conflict of interest that would not otherwise come to the attention of one of the other Officers, Directors and Trustees or one of the staff.

Form 990, Part VI, Section B, Line 15:

Name of the organization

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The board of directors determines and approves compensation and benefits for the CEO and other officers of the organization. The board reviews the most recent edition of the Minnesota Council of Nonprofits compensation survey, considers federal estimates of cost of living increases/decreases, and takes into account both corporate and individual performance. In past years this analysis has been done either by the full board or a board appointed committee. This process occurs whenever any officer's compensation is modified or proposed to be modified. It is noted that officers who are also directors physically remove themselves from the board of directors meeting during the discussion and are not present during any vote relating to their compensation. It is also noted that other than health insurance, the last time any officer's compensation was modified was in 2010.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,AZ,CA,CT,DC,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MS,MO,NV,NH,NJ,NM,NY,NC  
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial statements are available on request.

Form 990, Part XII, Line 2c:

The Organization's Finance Committee assumes responsibility oversight of the financial reporting process. This process has not changed from the prior year.

**Statement of Specified Foreign Financial Assets**

► Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

► Attach to your tax return.

OMB No. 1545-2195

Attachment  
Sequence No. **938**

For calendar year or tax year beginning **10/01/21** and ending **09/30/22.**

If you have attached additional statements, check here ☒ **X**

Number of additional statements

**1** Name(s) shown on return  
**Global Volunteers**

**2** Taxpayer identification number (TIN)  
**36-3352680**

**3** Type of filer

**a** ☐ Specified individual **b** ☐ Partnership **c** ☐ Corporation **d** ☐ Trust

**4** If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

**a** Name

**b** TIN

**Part I Foreign Deposit and Custodial Accounts Summary**

**5** Number of deposit accounts (reported in Part V) **7**

**6** Maximum value of all deposit accounts \$

**7** Number of custodial accounts (reported in Part V)

**8** Maximum value of all custodial accounts \$

**9** Were any foreign deposit or custodial accounts closed during the tax year? ☐ Yes ☒ No

**Part II Other Foreign Assets Summary**

**10** Number of foreign assets (reported in Part VI)

**11** Maximum value of all assets (reported in Part VI) \$

**12** Were any foreign assets acquired or sold during the tax year? ☐ Yes ☒ No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
<b>13</b> Foreign deposit and custodial accounts	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
<b>14</b> Other foreign assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets** (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

**15** Number of Forms 3520 **16** Number of Forms 3520-A **17** Number of Forms 5471

**18** Number of Forms 8621 **19** Number of Forms 8865

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

<b>20</b>	Type of account	a <input checked="" type="checkbox"/>	Deposit		b <input type="checkbox"/>	Custodial	<b>21</b>	Account number or other designation <b>102069672448</b>
<b>22</b>	Check all that apply	a <input type="checkbox"/>	Account opened during tax year	b <input type="checkbox"/>	Account closed during tax year			
		c <input type="checkbox"/>	Account jointly owned with spouse	d <input type="checkbox"/>	No tax item reported in Part III with respect to this asset			
<b>23</b>	Maximum value of account during tax year ..... \$ <b>0.</b>							
<b>24</b>	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>25</b>	If you answered "Yes" to line 24, complete all that apply.							
	(a) Foreign currency in which account is maintained		(b) Foreign currency exchange rate used to convert to U.S. dollars		(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service			
<b>26a</b>	Name of financial institution in which account is maintained <b>Bank of China</b>					b Global Intermediary Identification Number (GIIN) (Optional)		
<b>27</b>	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>88 West Sector</b>							
<b>28</b>	City or town, state or province, country, and ZIP or foreign postal code <b>South Er Huan China</b>							

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

<b>29</b>	Description of asset	<b>30</b>	Identifying number or other designation
<b>31</b>	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
	a Date asset acquired during tax year, if applicable .....		
	b Date asset disposed of during tax year, if applicable .....		
	c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
<b>32</b>	Maximum value of asset during tax year (check box that applies)		
	a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000		
	e If more than \$200,000, list value ..... \$		
<b>33</b>	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>34</b>	If you answered "Yes" to line 33, complete all that apply.		
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>35</b>	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
	a Name of foreign entity	b GIIN (Optional)	
	c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		
	d Mailing address of foreign entity. Number, street, and room or suite no.		
	e City or town, state or province, country, and ZIP or foreign postal code		
<b>36</b>	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
	<b>Note:</b> If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.		
	a Name of issuer or counterparty		
	Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
	b Type of issuer or counterparty		
	(1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
	c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
	d Mailing address of issuer or counterparty. Number, street, and room or suite no.		
	e City or town, state or province, country, and ZIP or foreign postal code		



**Part V Foreign Deposit and Custodial Accounts** (see instructions)

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial		<b>21</b> Account number or other designation	<b>14400770100</b>	
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
<b>23</b> Maximum value of account during tax year	\$ 0.				
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> If you answered "Yes" to line 24, complete all that apply.					
<b>(1)</b> Foreign currency in which account is maintained		<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars		<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>26a</b> Name of financial institution in which account is maintained			<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)		
Westpac					
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.					
PO Box 42					
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code					
Avarua Cook Islands					

  

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial		<b>21</b> Account number or other designation	<b>576070</b>	
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
<b>23</b> Maximum value of account during tax year	\$ 0.				
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> If you answered "Yes" to line 24, complete all that apply.					
<b>(1)</b> Foreign currency in which account is maintained		<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars		<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>26a</b> Name of financial institution in which account is maintained			<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)		
1st National Bank of St. Lucia					
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.					
Marina Village, Marigot Bay					
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code					
Castries Saint Lucia					

  

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial		<b>21</b> Account number or other designation	<b>02j2070597800</b>	
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
<b>23</b> Maximum value of account during tax year	\$ 0.				
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> If you answered "Yes" to line 24, complete all that apply.					
<b>(1)</b> Foreign currency in which account is maintained		<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars		<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>26a</b> Name of financial institution in which account is maintained			<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)		
CRDB Bank Limited					
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.					
Box 2275					
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code					
Iringa Tanzania, United Rep					

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial	<b>21</b> Account number or other designation	0252070597800
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>23</b> Maximum value of account during tax year	\$ 0.		
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>25</b> If you answered "Yes" to line 24, complete all that apply.			
<b>(1)</b> Foreign currency in which account is maintained		<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars	
		<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>26a</b> Name of financial institution in which account is maintained		<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
CRDB Bank Limited			
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
Box 2275			
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code			
Iringa Tanzania, United Rep			

  

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial	<b>21</b> Account number or other designation	015C435771400
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>23</b> Maximum value of account during tax year	\$ 0.		
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>25</b> If you answered "Yes" to line 24, complete all that apply.			
<b>(1)</b> Foreign currency in which account is maintained		<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars	
		<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>26a</b> Name of financial institution in which account is maintained		<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
CRDB Bank Limited			
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
Box 168			
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code			
Iringa Tanzania, United Rep			

  

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial	<b>21</b> Account number or other designation	170011125
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>23</b> Maximum value of account during tax year	\$ 0.		
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>25</b> If you answered "Yes" to line 24, complete all that apply.			
<b>(1)</b> Foreign currency in which account is maintained		<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars	
		<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>26a</b> Name of financial institution in which account is maintained		<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
EXIM Bank			
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
PO Box 511			
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code			
Iringa Tanzania, United Rep			

# TAX RETURN FILING INSTRUCTIONS

## MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

September 30, 2022

Prepared for	Global Volunteers 375 East Little Canada Rd St. Paul, MN 55117
Prepared by	Abdo LLP 5201 Eden Ave Ste 250 Edina, MN 55436
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Include the organization's Federal Employer Identification Number and 2021 Annual Report on the remittance.</p>

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION**  
**ANNUAL REPORT FORM**

C2

**Website Address:**

[www.ag.state.mn.us/charity](http://www.ag.state.mn.us/charity)

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

**Legal Name of Organization** Global Volunteers

**Federal EIN:** 36-3352680

**Fiscal Year-End:** 09302022

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

<b>Mailing Address:</b> <u>Jake Philbrook</u> <hr/> Contact Person <u>375 East Little Canada Rd</u> <hr/> Street Address <u>St. Paul, MN 55117</u> <hr/> City, State, and ZIP Code <u>800-487-1074</u> <hr/> Phone Number <u>jphilbrook@globalvolunteers.o</u> <hr/> Email Address	<b>Physical Address:</b> <u>Burnham Philbrook</u> <hr/> Contact Person <u>375 East Little Canada Rd</u> <hr/> Street Address <u>St. Paul, MN 55117</u> <hr/> City, State, and ZIP Code <u>800-487-1074</u> <hr/> Phone Number <u>jphilbrook@globalvolunteers.org</u> <hr/> Email Address
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1. Organization's website: www.globalvolunteers.org

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former  
☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

Global Volunteers

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ Yes ☐ No

5. Total amount of contributions the organization received from Minnesota donors: \$ 104,118.

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No  
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? ☐ Yes ☒ No  
 If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000? ☐ Yes ☒ No  
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

# **CHARITABLE ORGANIZATION ANNUAL REPORT FORM** **(Continued)**

## **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

### **INCOME**

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
<b>5. TOTAL INCOME</b>	<b>\$ _____</b>	<b>5</b>

### **EXPENSES**

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
<b>9. TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	<b>\$ _____</b>	<b>10</b>
(Line 5 minus Line 9)		

### **ASSETS**

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
<b>14. TOTAL ASSETS</b>	<b>\$ _____</b>	<b>14</b>

### **LIABILITIES**

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
<b>18. TOTAL LIABILITIES</b>	<b>\$ _____</b>	<b>18</b>

### **FUND BALANCE/NET WORTH**

<b>\$ _____</b>	
(Line 14 minus Line 18)	

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1.</b> Grants and other assistance to governments and organizations in the U.S.				
<b>2.</b> Grants and other assistance to individuals in the U.S.				
<b>3.</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.				
<b>4.</b> Benefits paid to or for members				
<b>5.</b> Compensation of current officers, directors, trustees, and key employees				
<b>6.</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
<b>7.</b> Other salaries and wages				
<b>8.</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9.</b> Other employee benefits				
<b>10.</b> Payroll taxes				
<b>11.</b> Fees for services (non-employees):				
<b>a.</b> Management				
<b>b.</b> Legal				
<b>c.</b> Accounting				
<b>d.</b> Lobbying				
<b>e.</b> Professional fundraising services				
<b>f.</b> Investment management fees				
<b>g.</b> Other				
<b>12.</b> Advertising and promotion				
<b>13.</b> Office expenses				
<b>14.</b> Information technology				
<b>15.</b> Royalties				
<b>16.</b> Occupancy				
<b>17.</b> Travel				
<b>18.</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19.</b> Conferences, conventions, and meetings				
<b>20.</b> Interest				
<b>21.</b> Payments to affiliates				
<b>22.</b> Depreciation, depletion, and amortization				
<b>23.</b> Insurance				
<b>24.</b> Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
<b>a.</b>				
<b>b.</b>				
<b>c.</b>				
<b>d.</b>				
<b>25. Total functional expenses.</b> Add lines 1 through 24d				
<b>26. Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

President (Title) and Board Finance Director (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the **FIFTH**

day of AUGUST, 2023, approving the contents of the document, and do hereby certify that the

Board of Directors (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Burnham Philbrook, JD

Name (Print)

Signature

President

Title

08/05/2023

Date

John Taylor

Name (Print)

Signature

Board Finance Director

Title

08/05/2023

Date